Fire Department



APPLICATION FOR CODE ALTERNATE/VARIANCE

Fee (check one): □ \$156.00 + time charge No fee (when associated	
TO BE COMPLETED BY PERMIT APPLICAN	NT (PLEASE PRINT)
FIRM NAME	
MAILING ADDRESS	SUITE
CITY	STATE ZIP
OPERATION ADDRESS	
CONTACT PERSON	PHONE NUMBER ()
Please include a check made pay	yable to the CITY OF SEATTLE with this application.
Applications may be submitted in person we Seattle Fire Department Fire Marshal's Office—Permits 220 Third Avenue South, Second Floor Seattle, WA 98104-2608	eekdays from 8:00 a.m. to 4:30 p.m., or mailed to: Permit processing: (206) 386-1025 www.seattle.gov/fire
TO BE COMPLETED BY PERMIT APPLICATION OF THE CODE ALTERNATE REQUESTED:	CANT (PLEASE PRINT)
	CANT (PLEASE PRINT) REFERENCED LETTERS:
CODE ALTERNATE REQUESTED:	
CODE ALTERNATE REQUESTED: APPLICABLE CODE SECTIONS:	REFERENCED LETTERS:
CODE ALTERNATE REQUESTED: APPLICABLE CODE SECTIONS: FMO USE	
CODE ALTERNATE REQUESTED: APPLICABLE CODE SECTIONS:	REFERENCED LETTERS:

TO BE COMPLETED BY I	PERMIT APPLICANT (PLEASE PRINT)	
REASON FOR REQUEST:		
TO BE COMPLETED BY I	FIRE DEPARTMENT STAFF:	
CODE SECTION AND REQ	UIREMENT:	
FIELD CONDITIONS		
FIELD CONDITIONS:		
RECOMMENDATION:		
CONDITIONS FOR APPR	ROVAL:	
☐ GRANT ☐ DI	ENY Inspector:	
□ GRANT □ DI	ENY Supervisor:	
□ GRANT □ DI		
□ GRANT □ DI	ENY Assistant Fire Marshal: —————	
☐ APPROVED	□ NOT APPROVED	
210 , 22	Fire Mar	rshal
cc: Battalion:		